

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90052 021 ***150.00

DOCUMENT # P97000073725 1. Entity Name LINN & ASSOCIATES, INC.					
Principal Place of Business 4535 CENTRAL AVE. ST. PETERSBURG, FL 33713-8137			Mailing Address C/O NFP 787TH 7TH AVE. 49TH FLOOR NEW YORK, NY 10019		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o NFP 500 W. Madison St. Suite 2400			
City & State Chicago, IL		City & State Chicago, IL		4. FEI Number 59-3469008	
Zip 60661		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LINN, MAX P 4535 CENTRAL AVE. SAINT PETERSBURG, FL 337138137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Wilson O. Edwards 4535 Central Ave St. Petersburg, FL 33713-8137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, WILLSON O 4535 CENTRAL AVE. SAINT PETERSBURG, FL 337138137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne M. Stevenson 4535 Central Ave St. Petersburg, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOACK, RENEE 787 SEVENTH AVE., 49TH FLOOR NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne M. Stevenson 4535 Central Ave St. Petersburg, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIESER, LORI M 500 W. MADISON, STE 2400 CHICAGO, IL 60661	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne M. Stevenson 4535 Central Ave St. Petersburg, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHERR OLSON, STEPHANIE 787 SEVENTH AVE., 49TH FL NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne M. Stevenson 4535 Central Ave St. Petersburg, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCCARO, ROBERT 787 SEVENTH AVE., 49TH FL NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne M. Stevenson 4535 Central Ave St. Petersburg, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lori M. Lieser</u> <u>4/1/05</u> <u>312-985-5100</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

(Untitled)

40047330

#P97000073725

Position Type

Director
Officer
Officer
Director
Officer
Officer
Officer
Director

Name

Edwards, Willson O.
Edwards, Willson O.
Edwards, Willson O.
Holtz, Elliot M.
Katz, Miriam I.
Lieser, Lori M.
Stevenson, Anne M.
Zuccaro, Robert S.

Title

Director
President
Treasurer
Director
Assistant Secretary
Vice President
Secretary
Director